

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 8
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ALASKA STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (ALPAC)

Full Name (Last, First, Middle Initial)

A. Jeanne Bonar

Mailing Address

City State Zip Code
 Anchorage AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. john dekeyser

Mailing Address

City State Zip Code
 Anchorage AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 17 / 2015

Transaction ID : SA11AI.4354

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

C. Graham Glass

Mailing Address

City State Zip Code
 Anchorage AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015

Transaction ID : SA11AI.4361

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00